Env–5, Gag–1a, and Pol–3. This invention is further directed to an immunoassay method for the detection of antibodies, a peptide composition containing these peptides, and a vaccine. (*Portfolio:* HTLV, Vaccine, Diagnostics.)

**Methods and Compositions for Diagnosing HTLV–1 Associated Myelopathy and Adult T-Cell Leukemia**

Rudolph, D. L.; Lal, R. B.
Patent Issued 30 May 1995
Patent No. 5,420,244 (Ref # E–206–93/0)

This invention provides antigenic peptides derived from immunodominant epitopes of the HTLV–I *tax* or *rex* proteins that are immunoreactive with antibodies associated with disease in HTLV–I infected subjects. This invention provides peptides corresponding to the immunodominant epitopes of the *rex* regulatory protein of HTLV–I. This invention provides methods for diagnosing HTLV–I associated myelopathy. This invention also provides methods for diagnosing adult T-cell leukemia. (*Portfolio:* HTLV–I, HIV, Antibodies, HAM [HTLV–I Associated Myelopathy], T-cell Leukemia, Diagnosis.)

**Isolation of Diagnostic Glycoproteins to Taenia Solium, Immunoblot-assay and Method for the Detection of Human Cysticercosis**

Tsang, V. C. W.; Brand, J.; Boyer, A.; Wilson, M.; Schantz, P.; Maddison, S.
Patent Issued 11 October 94
Patent No. 5,354,660 (Ref # E–185–88/1)

This invention is a method and a kit for diagnosing active human neurocysticercosis utilizing an immunoblot assay. This method allows diagnosis of neurocysticercosis by the detection antigens of larval origin. This invention improves on the specificity and sensitivity of the disc method achieving 98% sensitivity and 100% specificity. This allows the detection of antibodies in the serum or cerebrospinal fluid. (*Portfolio:* Larval Detection, Taenia solium, Neurocysticercosis, Diagnosis.)

**Exchangeable Template Reaction**

Khudyakov, Y.; Fields, H.
Patent Issued: 2 April 96
Patent No. 5,503,995 (Ref # E–184–91/1)

This invention provides a method of making synthetic DNA of any desired sequence. This invention can be used to make an array of DNA having specific substitution in a known sequence which are expressed and screened for improved function. This invention provides a method for the synthesis of DNA based on a cyclic mechanism of combining deoxyoligonucleotides. Also included is a kit comprising a series of unique synthesized single-stranded deoxypolynucleotides which can be enzymatically treated to form a unique 3′ single-stranded protrusion for selective cyclic hybridization with another unique single-stranded deoxypolynucleotide of the series.(*Portfolio:* DNA, DNA Synthesis.)

**Sequences of the Hemagglutinins of Recent Strains of Influenza Type B virus**

Rota, P. A.; Hemphill, M. L.
Patent Issued: 20 December 94
Patent No. 5,374,717 (Ref # E–224–92/0)

This invention provides sequence analyses for recent strains of Influenza Type B virus. This invention also provides a method for vaccinating a mammal against influenza type B. This invention also provides a method of detection and diagnosis of an infection with influenza type B virus. (*Portfolio:* Virus, Influenza Type B, Vaccine.)

**Method for Detecting Isocyanates**

Streicher, R. P.
Patent Issued 11 October 94
Patent No. 5,354,689 (Ref # E–215–92/0)

This invention provides a method for detecting the presence of isocyanate in a sample. Also, the invention provides a method of quantifying the total isocyanate presence by quantifying the reaction product. This invention is particularly well-suited to the detection of isocyanates in air. (*Portfolio:* Isocyanate, Detection.)

**Portable Spirometer With Improved Accuracy**

Hankinson, J. L.; Viola, J. C.; Ebeling, T. H.
Patent Issued 8 October 96
Patent No. 5,562,101 (Ref # E–030–92/1)

This invention is a spirometric measurement device with an arrangement for computation of a dynamic correction factor to compensate for temperature-related changes. This invention improves the accuracy by increasing the analog-to-digital conversion resolution, by modifying the dithering process, and by compensating for the inherent transducer temperature drift. This invention provides for a multi-functional, downloadable, flexible spirometric device, that requires no disassembly with improved quality control. (*Portfolio:* Spirometric, Lung Capacity, Respiratory Function.)

Dated: May 16, 1997.

**Joseph R. Carter,**

*Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97–13427 Filed 5–21–97; 8:45 am]
**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Prospective Grant of Exclusive License: Prophylactic Use of Pneumococcal Surface Adhesin A Protein as a Vaccine

**AGENCY:** Office of Technology Transfer, Centers for Disease Control and Prevention (CDC), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** This is a notice in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i) that the Centers for Disease Control and Prevention (CDC), Technology Transfer Office, Department of Health and Human Services (DHHS), is contemplating the grant of a worldwide, limited field of use, exclusive license to practice the inventions embodied in the patent and patent applications referred to below to Connaught Laboratories, Inc. (CLI), having a place of business in Swiftwater, Pennsylvania. The patent rights in these inventions have been assigned to the government of the United States of America. The patent and patent applications to the licensed are:

*Title:* Pneumococcal Fimbrial Protein A
U.S. Patent Application Serial No.: 07/791,377
Filing Date: 09/17/91
Domestic Status: Patent No.: 5,422,427
Issue Date: 06/06/95

*Title:* Pneumococcal Fimbrial Protein A and Vaccines
U.S. Patent Application Serial No.: 08/222,179
Filing Date: 09/17/96

*Title:* Pneumococcal Fimbrial Protein A
U.S. Patent Application Serial No.: 08/356,106
Filing Date: 12/15/94

*Title:* Streptococcus Pneumoniae 37 kDa Surface Adhesin A Protein
U.S. Patent Application Serial No.: 08/715,131
Filing Date: 09/17/96

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7.

Pneumococcal infections cause invasive disease (commonly known as ''pneumonia''), meningitis and otitis media (commonly known as a ''middle ear infection''). Invasive disease may occur at any age, but is particularly dangerous in elderly patients. Meningitis is a dangerous result of pneumococcal infection and can occur in persons of all ages. Otitis media is common in children under age two. It is estimated that between 33 percent and 50 percent of all otitis media cases are caused by pneumococcal infections. Otitis media may resolve within three to four days without medical intervention, while more serious cases require a course of antibiotics. Approximately forty-seven million cases of otitis media require some form of medical intervention annually in the seven major markets for pharmaceutical products (U.S., France, Germany, Italy, Spain, U.K. and Japan).

CDC scientists have discovered a particular surface protein of pneumococcus designated pneumococcal surface adhesin A protein (''PsaA''). Their discoveries include the amino acid sequence and the polypeptide formed by said sequence. CLI is proposing that through incorporation of PsaA it will be able to produce a vaccine which is immunogenic in children without the requirement of a conjugated toxoid.

**ADDRESSES:** Requests for a copy of these patent applications, inquiries, comments, and other materials relating to the contemplated license should be directed to Marjorie Hunter, Technology Licensing Specialist, Office of Technology Transfer, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–67, Atlanta, GA 30333, telephone: (404) 639–6271; facsimile: (404)639–6266. Applications for a license filed in response to this notice will be treated as objections to the grant of the contemplated license. Only written comments and/or applications for a license which are received by CDC within sixty days of this notice will be considered. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552. A signed Confidential Disclosure Agreement will be required to receive a copy of any pending patent application.

Dated: May 16, 1997.

**Joseph R. Carter,**

*Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 97–13426 Filed 5–21–97; 8:45 am]

BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### Cooperative Agreement to Support the Joint Institute for Food Safety and Applied Nutrition; Notice of Intent to Establish a Cooperative Agreement

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing its intention to accept and consider a single-source application for the award of a cooperative agreement to the University of Maryland at College Park (UMCP). The cooperative agreement will support the Joint Institute for Food Safety and Applied Nutrition (JIFSAN) and a new FDA laboratory/office building to be constructed in College Park, MD. JIFSAN is to be colocated on the UMCP campus. Competition is limited to UMCP because the Food and Drug Administration Revitalization Act directed FDA to consolidate the Center for Food Safety and Applied Nutrition (CFSAN) and the Center for Veterinary Medicine (CVM); and related congressional action directed the Centers to be located in Prince George's County, MD. The cooperative agreement is intended to create a partnership that allows for a more efficient use of research resources and thereby enhances the quality of food safety and nutrition research.

**ADDRESSES:** Applications may be obtained from, and should be submitted to, Robert L. Robins, Grants Management Officer, Office of Facilities, Acquisition and Central Services (HFA–520), Food and Drug Administration, Park Bldg., 5600 Fishers Lane, rm. 3–40, Rockville, MD 20857, 301–443–6170. Applications hand carried or commercially delivered should be submitted to Robert L. Robins, Park Bldg., 12420 Parklawn Dr., rm. 3–40, Rockville, MD 20852.

**FOR FURTHER INFORMATION CONTACT:**

Regarding the administrative and financial management aspects of this notice contact: Robert L. Robins (address above).

Regarding the programmatic aspects contact: Elizabeth M. Calvey, CFSAN (HFS–345), Food and Drug Administration, 200 C St., SW., Washington, DC 20204, 202–205–4716.

**SUPPLEMENTAL INFORMATION:**

#### I. Background

FDA is announcing its intention to accept and consider a single-source application from UMCP for a cooperative agreement to support the JIFSAN. FDA's authority to enter into grants and cooperative agreements is set out in section 301 of the Public Health Service Act (42 U.S.C. 241). FDA's research program is described in the Catalog of Federal Domestic Assistance No. 93.103. Before entering into cooperative agreements, FDA carefully considers the benefits such agreements will provide to the public.

UMCP's application for this award will undergo dual peer review. An ad hoc review panel of nonFederal experts (i.e., in areas associated with food safety, nutrition, and risk assessment) will review and evaluate the application based on its scientific merit. A second level review will be conducted by the National Advisory Environmental Health Sciences Council.

JIFSAN was established between FDA and the University of Maryland (the University) in April 1996 through a formal memorandum of understanding (MOU) to create a partnership that allows for more efficient use of research resources and thereby enhances the quality of food safety and nutrition research and public health policy. As the role of FDA research scientists in regulatory activities increases, it is vital that these scientists have ready access to very specialized research facilities and expertise (e.g., Center of Biomolecular Structure and Organization) in order to expedite regulatory policy and decisions (e.g., petition review). As described in the MOU of April 1996, JIFSAN is to be a jointly administered, multidisciplinary, research program. JIFSAN was established as part of FDA's consolidation project affecting CFSAN and CVM.

FDA's consolidation project was authorized through the Food and Drug Administration Revitalization Act (Pub. L. 101–635). The Treasury, Postal Service and General Government Appropriations Act, 1992 (Pub. L. 102–141) directed that new construction for the consolidation of FDA occur in Montgomery and Prince George's Counties, Maryland. The Congressional Conference Report (H. Rept. 102–234, 1991) related to this law further specifies that FDA begin consolidating its current programs into two campuses: